

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9						
10						
11						
12						
13						
14						
15						
16		5				
17		5				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1	1				
25	1					
26	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	30					
TOTAL CLAIMS	34					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

19  
15  
34